



FLWEMS Paramedics Neonatal & Pediatric Protocol for the Management of:
BEHAVIORAL & PSYCHIATRIC EMERGENCIES

Reference(s)

AR 40-3

USA MEDDAC Pam 40-3

Brady's Paramedic Care: Principles & Practice, Volumes 3

PRE-HOSPITAL EMERGENCIES

Indications

To outline the paramedic care and management of the neonatal/pediatric patient with an acute behavioral and/or psychiatric emergencies.

Procedure

1. Consider additional support (*i.e.* MP's, Fire & Rescue, additional EMS personnel, etc.). Before intervening, assess the risk to your own safety and of other emergency personnel and bystanders.
2. Give first priority to life threatening illnesses/injuries and treat to the appropriate patient care protocol.
3. Secure an airway as outlined in FLWEMS Paramedics Neonatal & Pediatric Protocol for the Management of Airway & Ventilation and administer supplemental **Oxygen** as needed. Intubate neurologically depressed patient to prevent aspiration.
4. Take control of the situation.
5. Assign assisting emergency personnel/bystanders to perform some task when appropriate.
6. Accept the patient's feelings. Do not tell the patient how to feel.
7. Display a calm, professional, compassionate, reassuring attitude to help calm the patient.
8. Avoid severe anxiety reactions in family members, friends and bystanders by using good scene management skills. Have the appropriate authorities remove unnecessary persons from the scene.
9. Have family persons provide support to the patient as necessary.
10. To avoid heightening the patient's anxiety, develop some rapport with the patient before carrying out the physical examination. Maintain privacy, professionalism and efficiency.
11. If the patient is anxious or confused, explain all procedures carefully.
12. If the patient is violent, combative or an immediate danger to him/her self, bystanders or emergency personnel; consider the following:
 - **Haloperidol** (Haldol) 0.05-0.15mg/kg/day IM as needed (Ages 3-12).
 - **Diazepam** (Valium) 0.1-0.3mg/kg IM or IVP, may repeat every 15 minutes x 2 doses.

NOTE: Lorazepam (Ativan) is not available in the pre-hospital setting as it required refrigeration storage.

 - Physical four-point soft restraints, assure enough personnel are available to safely, swiftly and professionally restrain the patient **ONLY** as needed.
13. Patients requiring physical restraints must have a physician's evaluation with one hour of having the restraints applied.
14. Once restraints have been administered by FLWEMS personnel, they may not be removed unless

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directed to do so by Medical Control.

15. Utilization of physical restraints must be used as a last resort for the severely troubled patient who is intent on harming themselves or others.

16. Transport to appropriate Emergency Department.

17. Contact medical control for further orders as needed.

Documentations

1. Paramedics must in detail, document events leading up to current situation that lead to the activation of the FLWEMS system.
2. Document a complete History and Physical Exam.
3. If medications are used:
 - (a) Indications as to why medications were necessary.
 - (b) Name of medication administered.
 - (c) Dose and route of medication administration.
 - (d) The effect (*if any*) medication had.
4. If physical restraints are used, a post restraint application exam with particular detail to distal circulatory and neurological functions.

CAIRA/Chemical Surety Considerations

None

Triage Considerations

Refer to S.T.A.R.T. Triage Protocol

INTRA-FACILITY TRANSPORT

Indications

Any patient (*regardless of service or dependant status*) requiring transportation and admission to any medical/psychiatric treatment facility for in-patient admission.

Special Considerations

1. In an effort to maintain continuity of care and patient safety, any patient, regardless of psychosis acuity that is considered to be an "in-patient" or a patient in an "out-patient" clinic/department (*Behavioral Medicine, Emergency Department, etc.*) and being admitted to any facility other than GLWACH, should be transported by ambulance with a paramedic attendant.
2. The need for addition attendants during transport shall be made on a case-by-case basis and at the discretion of the referring provider and the Supervisory Paramedic.
3. Use of any rotating roster for additional personnel to assist EMS during transport is not necessary and should not be used for "routine" psychiatric patient transfers.

Procedure

1. All patients requiring ambulance transport shall have an appropriately "Patient Transport Form" completed by the referring provider/clinic.

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2. FLWEMS personnel shall make patient and crew safety paramount.
3. All patients being transferred by FLWEMS personnel shall be treated compassionately and with respect.
4. Paramedics should consult with the referring provider for treatment and procedures that may be required during transport. Specific issues paramedics should discuss with referring providers include:
 - a. Family member "ride-a-longs".
 - b. Physical restraints prior to or during transport.
 - c. Sedative medications prior to or during transport.
5. In the extreme rare event that a patient's behavior changes in such a manner that it becomes undeniable evident that he/she is intent and taking actions towards causing bodily harm to themselves or others, FLWEMS personnel may consider the following:
 - a. Calling for local law enforcement personnel to respond immediately for assistance.
 - b. Apply four-point physical restraints accordingly.
 - c. After restraints have been applied:
 - (1) Monitor all extremities and reassess distal pulses and cap refill for all extremities every 15 minutes.
 - (2) Readjust and loosen restraints only if restraints are causing distal circulatory compromise.
 - (3) NEVER remove restraints after they have been applied unless directed to do so per Medical Control.
 - (4) Patients that required the application of physical restraints during inter-facility transport must be evaluated a physician within one hour or as soon as possible upon arrival at the receiving facility.
 - d. Administer **Diazepam** (Valium) 0.1-0.3mg/kg IM or IVP, may repeat every 15 minutes x 2 doses and then contact Medical Control for further medication administrations as needed.
 - e. Perform a complete head-to-toe patient assessment and treat any injuries appropriately per protocol.
6. Continue transport and attempt to reduce patient anxiety.
7. Contact Medical Control for further orders as needed.

Documentation

1. By name, the referring provider.
2. By name, the accepting provider.
3. Transferring diagnosis.
4. Complete History and Physical Exam with vital signs at least every 30 minutes.

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5. If physical restraints are used, a post restraint application exam with particular detail to distal circulatory and neurological functions.
 - a. If physical restraints were initiated at GLWACH and required during transport, paramedics will continue appropriately documenting patient care on a USAMEDDAC OP 330 and MEDCOM Form 688-R.
6. If medications are used:
 - a. Indications as to why medications were necessary.
 - b. Name of medication administered.
 - c. Dose and route of medication administration.
 - d. The effect (*if any*) medication had.
7. Patient's that require use of restraints during inter-facility transports will be treated, cared for and documented in the same manner as if they were in the MTF and IAW USA MEDDAC Pamphlet 40-3.

END OF SOP – NOTHING FOLLOWS